

Certified Public Manager Program Application

Application is hereby requested for Calendar Year _____

Name _____ Employee Social Security _____
Last First MI (Required)

Title/Classification _____

Organization Name _____

Business Address _____
Street Address City State Zip

Home Address _____
Street Address City State Zip

Business Phone _____ e-mail address _____ Home Phone _____

Please check category below that most accurately describes your current position.

☐ Senior Manager ☐ Middle Manager ☐ Supervisor ☐ Employee

Total years in government _____

Please check category that most accurately describes highest level education completed.

☐ high school ☐ associate degree ☐ baccalaureate degree ☐ graduate degree

Management or Managerial Staff Experience

Date Employer Address Position

Please attach the following with this application:

- ♦ Letter of intent to participate fully and complete all requirements
- ♦ Letter of recommendation from your supervisor

Applicant's Signature _____ Date _____

This nomination has been made without preference to race, color, national origin, sex, age, disability, creed or religion.

Name of Supervisor _____ Signature of Supervisor _____

Business Address _____ Phone _____

This applicant will be permitted to participate in and complete all requirements of the Certified Public Manager Program.

Organization Lead Trainer signature _____

Organization Head/Appointing Authority signature _____

Submit completed application and attachments to:

CPM Program Coordinator
Iowa Department of Personnel
Grimes Building
East 14th Street and Grand Avenue
Des Moines, IA 50319

Accommodation request:

Please indicate if you have any special needs that we can address to make your participation more enjoyable. Please allow eight weeks notification.

Braille Sign Language Interpretation
Large Print Other _____



Iowa Certified Public Manager Participant Survey

Iowa State Government is committed to Equal Employment Opportunity and Affirmative Action. The following information will only be used for reporting requirements of the National Certified Public Manager Consortium. It is deemed confidential and refusal to provide information will not adversely affect you as a CPM participant.

Please check your response to questions A through C on the corresponding lines.

A. What sex are you?

_____ Male

_____ Female

B. Do you have a disability that is a physical or mental impairment that substantially limits one or more major life activities; or do you have a record of such an impairment; or are you regarded as having such an impairment?

_____ No

_____ Yes

C. Of which racial/ethnic groups do you consider yourself a member? Check all that apply.

_____ *White:* Origins in any of the original peoples of Europe, North Africa, or the Middle East

_____ *African American:* Origins in any of the black racial groups of Africa

_____ *Asian/Pacific Islander:* Origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands

_____ *Native American/Alaskan:* Origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition

_____ *Latino:* Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race